



# How to Status a Claim Submission

\*Materials are designed for FFS programs, including AIHP, TRBHAs and Tribal ALTCS  
Fall 2020

# Checking a Claim Status Using the AHCCCS Online Provider Portal

The purpose of this training is to learn how to view a claim status using the AHCCCS Online Provider Portal.

This will teach providers how to identify if a claim is in one of the following statuses:

- Approved
- Denied
- Pending
- Unadjudicated

# Main Page

- 1) Sign In: Must have a valid [Username](#) and [Password](#).
- 2) On the Main Page - Menu– select [Claims Status](#)

The screenshot displays the AHCCCS Main Page. At the top, there is a dark blue navigation bar with links for 'Main', 'FAQ', 'Terms Of Use', and 'LogOut'. Below this is a light yellow header area with the text 'Main Page'. A blue horizontal line separates the header from the main content. On the left side, there is a 'Menu' section with a dark blue header and a list of menu items: 'AIMH Services Program', 'Claim Status', 'Claims Submission', 'EFT Enrollment', 'Member Verification', 'Newborn Notification', 'Prior Authorization Inquiry', 'Prior Authorization Submission', 'Provider Verification', 'Targeted Investments Program', and 'Members Supplemental Data'. The 'Claim Status' item is highlighted with a red rectangular box, and a blue arrow points from this box towards the center of the page. Below the menu is another dark blue header for 'Support and Manuals' with a link to 'AHCCCS Online User Manuals'. In the center of the page, there is a warning message in red text: '▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲ AHCCCS Online is an AHCCCS website designed for registered providers. It offers the convenience and efficiency of several online services.' Below the warning, there are three sections: 'AIMH SERVICES PROGRAM' with a paragraph of text, 'CLAIM STATUS' with a paragraph of text, and 'CLAIM SUBMISSION' with a paragraph of text.

Main | [FAQ](#) | [Terms Of Use](#) | [LogOut](#) |

## Main Page

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲  
**AHCCCS Online is an AHCCCS website designed for registered providers.  
It offers the convenience and efficiency of several online services.**

### AIMH SERVICES PROGRAM

Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education, care coordination, and promoting participation in the state Health Information Exchange, to AHCCCS AI/AN members who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by enhancing case management and care coordination. AHCCCS registered IHS/638 facilities who meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further details on the program, please click on [AIMH Home](#).

### CLAIM STATUS

Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries.  
For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

### CLAIM SUBMISSION

Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM each business day are processed that night. Claims submitted after 4:00 PM Friday will be processed the following Monday. The status of the claims can be viewed online by searching for the claim by submission date. Average processing time may take 24-72 hours, depending on the number of claims processed and the time of the submission.

# Claim Search

## Claim Status: Claim Search

### Claim Search

- The form below will return a list of matching claim records for the criteria you select.
- If you enter Claim Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Claim Number along with the required field values will be used in the search.
- If you enter Patient Account Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Patient Account Number along with the required field values will be used in the search.
- If you are not sure of the values of non-required fields it's best to leave them blank.

\* indicates required fields

<b>Recipient AHCCCS ID:</b> *	<input type="text" value="A10093242"/>	(Ex. A12345678)
<b>Service Provider ID:</b> *	<input type="text" value="007835"/>	
<b>Begin Date of Service:</b> *	<input type="text" value="01/08/2018"/>	(Format: MM/DD/YYYY)
<b>End Date of Service:</b>	<input type="text" value="04/08/2020"/>	(Format: MM/DD/YYYY)
<b>Claim Number:</b>	<input type="text"/>	
<b>Patient Account Number:</b>	<input type="text"/>	
<b>Line Item Control #:</b>	<input type="text"/>	
<b>Revenue Code:</b>	<input type="text"/>	
<b>Procedure Code:</b>	<input type="text"/>	
<b>Modifier Codes:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="button" value="Search"/>	<input type="button" value="Clear"/>

**NOTE: Claims submitted by other users can not be viewed.**

**You will only see the claims you submitted**

# Claim Search

## Claim Status: Claim Search

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- If you enter Patient Account Number and any of {LICN, Revenue Code, Procedure Code, Modifier value}, only the Patient Account Number along with the required field values will be used in the search.
- If you are not sure of the values of non-required fields it's best to leave them blank.

\* indicates required fields

<b>Recipient AHCCCS ID:*</b>	<input type="text" value="A10093242"/>	(Ex. A12345678)
<b>Service Provider ID:*</b>	<input type="text" value="007835"/>	
<b>Begin Date of Service:*</b>	<input type="text" value="01/08/2018"/>	(Format: MM/DD/YYYY)
<b>End Date of Service:</b>	<input type="text" value="04/08/2020"/>	(Format: MM/DD/YYYY)
<b>Claim Number:</b>	<input type="text"/>	
<b>Patient Account Number:</b>	<input type="text"/>	
<b>Line Item Control #:</b>	<input type="text"/>	
<b>Revenue Code:</b>	<input type="text"/>	
<b>Procedure Code:</b>	<input type="text"/>	
<b>Modifier Codes:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<input type="button" value="Search"/>	<input type="button" value="Clear"/>

Entering a span of months allow you to see previous claims submitted

# Search Result

## Claim Search Result

Total records found=11

**There may be more claims, to see them adjust the search criteria.**

Claim Number	Status	Form Type	Service Begin	Service End	Recipient ID	Provider ID	
<a href="#">192965600001</a>	Void	HCFA-1500	10/01/2019	10/21/2019	A10093242	007835	
<a href="#">192985600004</a>	Void	HCFA-1500	10/01/2019	10/21/2019	A10093242	007835	
<a href="#">193125600001</a>	Denied	HCFA-1500	10/21/2019	10/21/2019	A10093242	007835	<a href="#">Claim Dispute</a>
<a href="#">193125600003</a>	Denied	HCFA-1500	10/21/2019	10/21/2019	A10093242	007835	<a href="#">Claim Dispute</a>
<a href="#">193125600004</a>	Denied	HCFA-1500	10/01/2019	10/01/2019	A10093242	007835	<a href="#">Claim Dispute</a>
<a href="#">193125600005</a>	Denied	HCFA-1500	10/01/2019	10/21/2019	A10093242	007835	<a href="#">Claim Dispute</a>
<a href="#">193125600006</a>	Denied	HCFA-1500	10/01/2019	10/21/2019	A10093242	007835	<a href="#">Claim Dispute</a>
<a href="#">193515600001</a>	Denied	HCFA-1500	12/15/2019	12/16/2019	A10093242	007835	<a href="#">Claim Dispute</a>
<a href="#">193534600001</a>	Denied	ADA DENTAL	12/18/2019	12/19/2019	A10093242	007835	<a href="#">Claim Dispute</a>
<a href="#">193535600001</a>	Denied	HCFA-1500	12/18/2019	12/19/2019	A10093242	007835	<a href="#">Claim Dispute</a>
<a href="#">193585600001</a>	Denied	HCFA-1500	12/01/2019	12/01/2019	A10093242	007835	<a href="#">Claim Dispute</a>

These are ONLY snapshots of the claims, you have the option to view the claim status by entering the day of service or enter a span.

# Accounting Summary

The claim status can be found under "Claim Status"

## Claim Header

**Claim Number:** 193125600001  
**Status Category/Code:** F2 / 1  
**Claim Status:** Denied  
**Status Date:** 11/08/2019  
**Service Begin/End:** 10/21/2019-10/21/2019  
**Patient Account #:** A10093242

**Bill Type:**  
**Form Type:** HCFA-1500  
**Pay Check:**  
**Pay Check Date:**  
**Claim Paid Date:** 11/08/2019

## Provider

**Service Provider ID:** 007835  
**Service Provider Name:** NEMT TEST  
**Provider Tax ID:** 123456789

**Billing Provider ID:** 007835  
**Billing Provider Name:** NEMT TEST

## Recipient

**AHCCCS ID:** A10093242  
**Name:** ,

**Date Of Birth:**  
**Gender:**

## Price Accounting Summary

Line	Status Category	Status Code	Status Date	LICN	Service Begin	Service End	Description	Quantity	Billed Amt	Paid Amt
001	F2	1	11/08/2019		10/21/2019	10/21/2019	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	2.000	\$14.54	\$0.00
002	F2	1	11/08/2019		10/21/2019	10/21/2019		200.000	\$300.00	\$0.00
									<b>\$314.54</b>	<b>\$0.00</b>

# Accounting Summary

**Note:** Place the cursor over the purple codes to view their descriptions.

## Claim Header

**Claim Number:** 193125600001  
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**Service Begin/End:** 10/21/2019-10/21/2019  
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## Provider

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**Service Provider Name:** NEMT TEST  
**Provider Tax ID:** 123456789

**Billing Provider ID:** 007835  
**Billing Provider Name:** NEMT TEST

## Recipient

**AHCCCS ID:** A10093242  
**Name:** ,

**Date Of Birth:**  
**Gender:**

## Price Accounting Summary

Line	Status Category	Status Code	Status Date	LICN	Service Begin	Service End	Description	Quantity	Billed Amt	Paid Amt
001	F2	1	11/08/2019		10/21/2019	10/21/2019	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	2.000	\$14.54	\$0.00
002	F2	1	11/08/2019		10/21/2019	10/21/2019		200.000	\$300.00	\$0.00
									<b>\$314.54</b>	<b>\$0.00</b>

# Accounting Summary

| [Claim Search](#) | **Accounting Summary** | [Other Claim Info](#) | [Claim Dispute](#) |

**Note:** Place the cursor over the **purple** codes to view their descriptions.

## Claim Header

**Claim Number:** 193125600001  
**Status Category/Code:** F2 / 1  
**Claim Status:** Denied  
**Status Date:** 11/08/2019  
**Service Begin/End:** 10/21/2019-10/21/2019  
**Patient Account #:** A10093242

**Bill Type:**  
**Form Type:** HCFA-1500  
**Pay Check:**  
**Pay Check Date:**  
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## Provider

**Service Provider ID:** 007835  
**Service Provider Name:** NEMT TEST  
**Provider Tax ID:** 123456789

**Billing Provider ID:** 007835  
**Billing Provider Name:** NEMT TEST

## Recipient

**AHCCCS ID:** A10093242  
**Name:** ,

**Date Of Birth:**  
**Gender:**

Click on each line to get additional status code details.

## Price Accounting Summary

Line	Status Category	Status Code	Status Date	LICN	Service Begin	Service End	Description	Billed Amt	Paid Amt
001	F2	1	11/08/2019		10/21/2019	10/21/2019	NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE	\$14.54	\$0.00
002	F2	1	11/08/2019		10/21/2019	10/21/2019		\$300.00	\$0.00
								<b>\$314.54</b>	<b>\$0.00</b>

# Other Claim Info

[Claim Search](#) | [Accounting Summary](#) | **[Other Claim Info](#)** | [Claim Dispute](#)

**Note:** Place the cursor over the **purple** codes to view their descriptions.

## Claim Header

**Claim Number:** 193125600001  
**Status Category/Code:** **F2 / 1**  
**Claim Status:** Denied  
**Status Date:** 11/08/2019  
**Service Begin/End:** 10/21/2019-10/21/2019  
**Patient Account #:** A10093242

**Bill Type:**  
**Form Type:** HCFA-1500  
**Pay Check:**  
**Pay Check Date:**  
**Claim Paid Date:** 11/08/2019

## Provider

**Service Provider ID:** 007835  
**Service Provider Name:** NEMT TEST  
**Provider Tax ID:** 123456789

**Billing Provider ID:** 007835  
**Billing Provider Name:** NEMT TEST

## Recipient

**AHCCCS ID:** A10093242  
**Name:** ,

**Date Of Birth:**  
**Gender:**

## Accounting Detail

RECORD(S) NOT FOUND

## Edit History

Score #	Line #	Date	Score Code
01	000	11/08/2019	NO EDIT FAILURES
01	001	11/08/2019	<b>L088.1 L210.2</b>
01	002	11/08/2019	<b>L013.5 L088.1 L210.2</b>

# Other Claim Info

## Accounting Detail

RECORD(S) NOT FOUND

## Edit History

Score #	Line #	Date	Score Code
01	000	11/08/2019	NO EDIT FAILURES
01	001	11/08/2019	L088.1 L210.2
01	002	11/08/2019	L013.5 L088.1 L210.2

## Status History

Seq	Clean Claim Date	Adjudication Status	Status Date
01	11/08/2019	DENIED	11/08/2019

## Denial Reasons

Line	Status Date	Denial Code	Description	Reason
001	11/08/2019	L088.1	NON-EMG TRANSPORT REQUIRES PRIOR AUTH;	PRIOR AUTHORIZATION NOT FOUND
001	11/08/2019	L210.2	TRIP REPORT REQUIRED	TRIP REPORT MISSING
002	11/08/2019	L013.5	CLAIM SERVICE	REQUIRES P/A, NONE FOUND
002	11/08/2019	L088.1	NON-EMG TRANSPORT REQUIRES PRIOR AUTH;	PRIOR AUTHORIZATION NOT FOUND
002	11/08/2019	L210.2	TRIP REPORT REQUIRED	TRIP REPORT MISSING

# Tips – Using AHCCCS Online

Every AHCCCS provider has free online tools and resources available 24/7/365 to simplify business practices and administrative processes

Electronic claim submission (EDI) claim status can be viewed online.

- Note that EDI claims that fail to meet the completion requirements are not considered received claims and are rejected or returned to the provider or the provider's clearinghouse with the rejection reason(s).
- If an EDI claim is not showing as received, check with your clearing house for the error report.
- Payment details for claims in approved status can be obtained by reviewing the remittance advice or online via the AHCCCS web portal.

# Tips – Using AHCCCS Online

Payment details for reimbursement checks including assigned EFT/Paper Check Number and Pay Check Dates are also available on the web portal, on the Claim Summary tab “OTH CLAIM INFO”.

Denial reason codes and descriptions on claims can be obtained by selecting the tab “Claim Status”, then enter the recipient ID# and date of service, then select the tab “Accounting Summary”, then select tab “OTH CLAIM INFO”. The denial edit and description will appear as well as the denial date.



# DFSM Provider Education and Training Unit

# Education and Training Questions?

The DFSM Provider Education and Training Unit can assist providers with the following:

- ❖ How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal ([FFS programs, including AIHP, TRBHAs and Tribal ALTCS](#))
- ❖ Submission of documentation using the Transaction Insight Portal (e.g. The AHCCCS Daily Trip report, requested medical records, etc.)

Additionally the DFSM education and training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

# Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- ❖ **Rates** - Questions on AHCCCS FFS rates should be directed to the rates team at [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov)
- ❖ **Coding** - Questions on AHCCCS Coding should be directed to the coding team at [CodingPolicyQuestions@azahcccs.gov](mailto:CodingPolicyQuestions@azahcccs.gov)

**NOTE:** The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.

- ❖ **ACC Plan Claims** - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

# Education and Training Questions?

The DFSM Provider Training Team can be outreached at [providertrainingffs@azahcccs.gov](mailto:providertrainingffs@azahcccs.gov) .

Thank You.